

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	5					
7	5					
8	5					
9	5					
10	5					
11	5					
12	5					
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49						
50						
TOTAL IND.	7					
TOTAL DEP.	63	↔	↔	↔		
TOTAL CLAIMS	70					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
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TOTAL IND.								
TOTAL DEP.		↔	↔	↔				
TOTAL CLAIMS								